

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PT047)

SERIAL NO.

09653178

FILING DATE

2-19-99

APPLICANT'S NAME

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	OCF.	IND.	OCF.	IND.	OCF.
1						
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49						
50						
TOTAL IND.	4					
TOTAL OCF.	46					
TOTAL	50					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	OCF.	IND.	OCF.	IND.	OCF.
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97						
98						
99						
100						
TOTAL IND.	0					
TOTAL OCF.	21					
TOTAL	21					